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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	10/519,723
Filing Date	July 26, 2005
First Named Inventor	Ilan Ben-Oren
Art Unit	3735
Examiner Name	Zoe E. Baxler
Attorney Docket Number	4350-4005

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☒ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number 27123

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

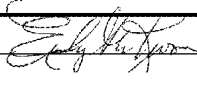
The client has indicated that it wishes other counsel to be responsible for its matters.

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/>	Firm or Individual Name	DR. MICHAL FISHER			
Address		EITAN LAW GROUP 11 HaMenofim St. P.O. Box 2081			
City		Herzlia	State		Zip 46120
Country		ISRAEL			
Telephone		+972-9-972-6000		Email	main@empk-law.com
Signature 					
Name		Evelyn M. Kwon		Registration No.	54,246
Date		March 16, 2007		Telephone No.	212-415-8700

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

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Sanford T. Colb & Co.
Intellectual Property Law

Beit Amot Mishpat
8 Shaul Hamelech Blvd.
Tel-Aviv 64733, Israel
Tel. 972-3-718-0800

4 Shaar Hagai
P.O. Box 2273
Rehovot 76122, Israel
Tel. 972-8-945-5122

Beit Hashenhav (A)
12 Beit Hadfus, 2nd Floor
Jerusalem 95483, Israel
Tel. 972-2-651-9453

Facsimile: 972-8-945-4556 972-8-949-1040 ♦ e-mail: colbpat@stc.co.il

May 16, 2006

Dr. Evelyn M. Kwon
MORGAN & FINNEGAN, LLP
Three World Financial Center
New York, NY 10281-2101
U.S.A.

BY FACSIMILE TO:
(212) 415-8701

Re: **ORIDION BREATHID LTD.**
U.S. Patent Application No. 10/519,723
MANAGEMENT OF GASTRO-INTESTINAL DISORDERS
Your Ref.: 4350-4005
Our Ref.: 53831
and U.S. Continuation Patent Application No. 11/098,756
BREATH TEST ANALYZER
Your Ref.: 4026-4004 US3
Our Ref.: 54784
and U.S. Patent Application No. 10/459,692
BREATH TEST APPARATUS AND METHODS
Your Ref.: 4026-4001 US
Our Ref.: 49089

Dear Dr. Kwon,

Effective immediately we are no longer responsible for these matters.

Please let us have your Debit Notes within two working days by e-mail or fax, otherwise we will not be responsible for the payment thereof.

Cont....

Please direct all future correspondence to:


Dr. Michal Fisher
EITAN GROUP
11, Hamanofim Street
Ekerstein Buildings
Building B
Herzliya
ISRAEL

Tel: 972-9-972 6000

Fax: 972-9-972 6001

E-mail: michalf@eitangroup.com

Sincerely yours,


Sanford T. Colb

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